

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/593,859
Filing Date	September 22, 2006
First Named Inventor	Dominique Lombardo
Title	Glycopeptides Derived from
Art Unit	
Examiner Name	
Attorney Docket Number	BKR-107

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23557

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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Country

Telephone

Email

I am the

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

DOMINIQUE LOMBARDO

Telephone

06 Oct 2006
(33) 491 73 3990

Title and Company

Research Director, INSERM

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SIGNATURE of Applicant or Assignee of Record

Signature		Date	10 Oct. 2006
Name	ERIC MAS	Telephone	(+33) 491 71 64 06
Title and Company	Chargé de Recherche INSERM		

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SIGNATURE of Applicant or Assignee of Record

Signature		Date	9/22/06
Name	MARIE-ODILE SABOULET	Telephone	
Title and Company			

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SIGNATURE OF Applicant or Assignee of Record

Signature	<i>Laurence Panicot-Dubois</i>	Date	10/06/06
Name	LAURENCE PANICOT-DUBOIS	Telephone	
Title and Company	CRD INSERM		

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